

the child unless prevented or cured.
Keep the discharge of the mother out of the baby's eyes.
With absorbent cotton moistened in warm boiled

Margin Reserved for Binding
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

(This return should preferably be made by the person who made the original)

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 55

Place of Birth *Bisbee, Arizona* County *Cochise* No. *Brewery Gluch* St. *Bulch*

SEX OF CHILD* *Male* Twin Triplet or other? *and* Number in order of birth

DATE OF BIRTH* *June, 28th 1912* (Month) (Day) (Year)

FULL NAME *Elmer Joseph Leftault* FATHER

FULL MAIDEN NAME *Mary Loretta Gregovich* MOTHER

I HEREBY CERTIFY that the child described herein has been named

Francis Anthony Leftault (Give name in full) (Surname)

Mary Loretta Leftault (Parent's Signature)

Deceased (Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
5M 5/2/41

633-628-478